
DCFS ERCP SERVICE DELIVERY SYSTEM

"Always there...24/7"

- **ERCP (Emergency Response Command Post)** is an integral part of the service delivery system within the Department of Children and Family Services. It services approximately 360 square miles and services all zip codes within Los Angeles County. The ERCP operates 24 hours a day and responds County wide to all Immediate child abuse referrals that are generated at the Child Abuse Hotline after 4pm daily. There are 3 shifts through out the program. There is a Sunday to Wednesday shift that works from 4 to 230am along with a Graveyard shift that begins at 11pm until 830am. There is also a shift that begins on Wednesday at 4pm until 230am along with a Graveyard shift that begins at 11pm until 830am. This shift ends on Saturday. Social workers are out stationed through out the County of Los Angeles in Police stations, Hospitals, and our Command Center waiting to respond to Emergency Response referrals.
- When the regional operations of the DCFS close for business on weekdays, holidays and weekends the ERCP ensures that there is no interruption in the delivery of services by being charged with the responsibility of responding to all Immediate response referrals of Child abuse including Child Fatalities on new cases and existing CPS cases and foster home investigations.
- ERCP maintains watch and manages the regional caseloads (PP, FM/FR, Adoptions, ER, Specialized Programs, etc...) by providing a timely response to any Immediate referrals that are generated on those regional caseloads during ERCP hours of operation (5p- 930am)
- ERCP CSW's are required to assess immediate response referrals on Regional caseloads that are providing Adoption, Family maintenance/Family reunification or Permanent placement services. This requires that ERCP CSW's review the current case history, case plan and court orders pertinent to each case in order to conduct a comprehensive assessment, offer services that are applicable to the existing case plan when stabilizing a situation, and sometimes having to alter an existing service plan that has been put into place by the case carrying worker to ensure a child's safety.
- ERCP efficiently provides all the Regions with "alternative supervision" for those Youth ages 12 and up and who are reported to be in need of a new foster placement. Minors are provided with food and shelter while awaiting placement.

- ERCP CSW's are mandated to complete a comprehensive assessment of safety for every referral investigated prior to the end of their hourly shift. ERCP Social workers are trained to be focused on the Investigative process and the task of gathering evidence to determine if children are at risk.
- ERCP CSW's are trained and mandated to design and initiate a safety intervention plan with a family in crisis prior to the end of their hourly shift if the investigative findings show safety threats exist in the home. They are also mandated to evaluate if the family is in need of "up front assessment" services.
- ERCP CSW's are mandated to evaluate for risk (when deemed necessary) and if removal is warranted they are to consult with their Supervisor to determine what the best plan is for the child.
- ERCP CSW/SCSW are mandated to consult with a Warrant Liaison when the question of "exigent circumstances" arises or when so ordered by an ARA.
- ERCP CSW are mandated to follow the procedures so noted in the policy "Obtaining a Warrant"
- ERCP CSW's are mandated to first explore the option of "relative placement" BEFORE placing a child into foster care. This involves the ERCP CSW or SCSW having to initiate a criminal background check.
- ERCP CSW's are held to the standard of conducting a comprehensive assessment when they respond to a home. This includes incorporating the Structured Decision Making assessment tool along with the policies that govern "Investigating a Child Abuse Referral".
- ERCP CSW's are required to consult with their Supervisors on every investigation prior to making a determination as to whether abuse has occurred or not.
- ERCP CSW's are required to respond to Immediate response referrals ONLY through out all of Los Angeles County regardless of where the ERCP CSW is assigned an outstation. On any given night an ERCP CSW may travel from their assigned outstation at Paramount to Pomona, California or may travel from an outstation at Huntington Hospital outstation in Pasadena to Long Beach to assess a child abuse referral.
- ERCP CSW's are mandated to respond to ALL referrals that are generated via the CPHL regardless of what language code the Immediate response referral is assigned. Often times, English speaking only ERCP CSW's are assigned monolingual Spanish speaking or other language referrals due to our lack of bilingual (any language) staff.

A NEED FOR CHANGE

Moving towards a Structured Investigations process for Child Fatality cases, developing a coordinated multi-agency response to the scene of a child death, maximizing the use of technology, and providing additional support for the First Responder.

There is not currently a Structured Investigations Protocol for Child Fatalities within the Child Welfare System nor is there a Structured Investigations Protocol for investigating Child Abuse and Neglect. Also absent, is a well coordinated multi agency response to these Child Fatality/ Near Fatality cases. The literature shows that there does exist such in a small percentage of the country.

The following will continue to occur without enhancements and change:

- Federal, State, and Local CPS agency non-compliance with guidelines and policies.
- Inadequate investigations and Inaccurate findings conducted by CPS and it's network of collaborating agencies mandated to investigate.
- Poorly coordinated or lack of coordinated multi agency response.
- Ineffective collaboration with other agencies due to closed system or lack of knowing with whom to interface.
- Inaccurate data collection for later use when analyzing trends in Child Welfare.
- Inaccurate data being reported to CDSS as to the "cause of death"
- Potential future risk to children who are in the home.

A FOUR PART SOLUTION—CHILD WELFARE, COORDINATED MULTI AGENCY RESPONSE, CWS/CMS TECHNOLOGY, & SUPPORT FOR FIRST RESPONDERS:

1. CHILD WELFARE:

CPS workers would benefit greatly from a more practical training approach which could include some law enforcement techniques in information gathering as well as training by experts who specialize in forensic interviewing, and crime scene investigations. Many jurisdictions lack appropriately trained CPS workers, law enforcement personnel, and medical professionals to investigate Child Fatalities/Near Fatality. Often times, each entity focuses on their objective only (i.e. Law enforcement gathering evidence at a "crime scene").

A Structured Investigations Protocol/Format by which to gather information and obtain all the pertinent evidence they need to fulfill the requirements set forth by the Federal, State and Local guidelines/policies would provide more accuracy. Further, with such a tool, CPS workers will be able to effectively and more efficiently conduct the investigation as the Structured Investigations Protocol includes all the elements of SDM and those that are to be covered during an Initial

Investigation of Child Abuse and Neglect and Child Fatality/Near Fatality as it provides the CPS worker with an organized and sequentially relevant format to follow when conducting the investigation. The result will be that the investigations will be conducted in a structured and effective manner that will provide CPS agencies and the state data/information for the purpose of tracking and deciphering risks to children and their families.

2. COORDINATED MULTI-AGENCY RESPONSE:

Every agency that comes into contact with the child fatality case as a “First Responder” often will include the Fire Departments, Paramedics, Law Enforcement agencies, Hospitals and other medical facilities, mental health professionals, and the Coroner. These agencies must collaborate and create a more effective “team” approach to these critical cases. Consequently, information about the death of one child may lead to preventive strategies to protect the life of other children in the home of the deceased child and also help to identify demographic trends for future analysis.

Even when the law enforcement/police departments and medical facilities/doctors come into contact with child fatalities on a continuous basis, they do not hold the capacity to go beyond their legal authority to conduct child fatality investigations. In addition, the police departments are governed by “clear and convincing” versus “prima-facie” evidence. Thus, the child investigations fall short of the intended goals by the Federal and State government. However, child welfare (CPS) has the legal right and authority to conduct investigations and to make contact with those that are involved with the child fatality or severe injury—lessening the inconsistencies from a poor interagency collaboration by having to create a structure that will act as a mediator between agencies. CPS should be arriving at the scene of a fatality simultaneously with other first responders; otherwise CPS more often than not, has to make contact after the fact, with other investigating agencies and hospitals and pool together the facts and information gathered from all parties into one collective format. This gathering of information and pertinent facts found by other agencies is labor intensive and often can take several days or even weeks. Under this format, the CPS may use CWS/CMS to almost immediately save and call critical information for the purpose of tracking and monitoring child fatality/severe injury. For instance, factors that are needed:

1. Police investigations and findings along with arrests made.
2. Prior history with CPS to determine patterns of abuse or non compliance and/or information.
3. Hospital/doctor’s medical reports and continued involvement by medical staff.
4. Other first responders such as Paramedics who respond to 911 calls when fatality/near fatality occurs.

5. Other government agencies such as Department of Mental Health records if any.
6. Coroner's preliminary report and coroner's final report.

CWS/CMS TECHNOLOGY:

Currently, the data fields for child fatality are "space" and "type" limited. And at times, the information comes in weeks later -example: cause of death is unknown because the coroner needs time to justify the cause of death. Even when the CSW/CMS has many locations to document necessary information, the information is placed throughout and is not brought together in a logical format. Child fatality or severe injury evaluation differs from one CPS agency to another—from one CPS worker to another. There needs to be a "Structured Protocols for Child Fatality/Severe Injury" Investigation across the State, but more importantly here in Los Angeles County. This investigation then can be added to CSW/CSW by the use of creating a unique tag within the CWS/CMS computer database so that critical information may be stored and called up based on needs of the CPS worker/agency.

TOOLS AND SUPPORT FOR FIRST RESPONDERS:

There must be a major enhancement of joint training by government agencies and professional organizations on the identification and field investigation of Child Fatality/Near Fatality cases that are a result of Child Abuse and Neglect. There must also be individualized enhancements within each profession.

The CPS worker who makes the initial contact with the family of the deceased child plays an integral role in the fact gathering and investigation of a Child Fatality; therefore these CPS workers must be adequately trained in forensic interviewing. They must also be afforded the time to thoroughly investigate, which translates into reasonable workloads. It is also imperative for the safety of other children that may be in the home at the time of the initial investigation.

Many tasks are necessary to complete a child fatality/severe injury investigation and evaluation and there is no formal "evidentiary process" in the CWS/CMS that is available for CPS workers to assess child fatality or severe injury; therefore the CDSS and local CPS agency must provide the CPS worker with the adequate tools and reasonable workloads to conduct a focused and accurate investigation.

A Structured Investigations Protocol that incorporates Structured Decision Making elements along with the CDSS and Child Welfare System (DCFS) policies for the Initial Response investigation of Child Abuse and Neglect (to include the Child Fatality/Near Fatality) will

accomplish the objective of CDSS and the local CPS agency having comprehensive and accurate investigative results .

Law Enforcement personnel who assist CPS or make the initial call to the CWS Hotlines need to be adequately trained in dealing with these types of investigations as it relates to sensitivity with families during an investigation (i.e. death due to accidental trauma or illness unrelated to abuse or neglect) and be trained on the team approach when working with CPS during the initial response investigation .

Medical personnel need to be educated as to the urgency, by CPS to gain as much information and findings from them. Collaboration is key. They also need to be informed as to the authority that a CPS worker has when conducting the Fatality/Near Fatality Investigation as the CPS worker may be able to provide insight and more information as to the dynamics within

With that said, it is imperative that we, LA County DCFS , be at the forefront of advocating for the creation of a well coordinated multi agency collaboration and response to child fatality/near fatality cases and that we implement a more effective model of investigating these cases along with CWS/CMS data storage protocols . A well coordinated multi agency response among agencies enhances every interested party's ability to determine accurately the cause and circumstances of a child death because the collaboration among agencies enhances the ability to determine accurately the cause and circumstances of death.